

Applicant No.: _____
Date Returned to Administration: _____

Columbus County Housing Needs Questionnaire
2017 Essential Single Family Rehabilitation Loan Pool – Disaster Recovery

PLEASE PRINT

Name of Structure Owner (s): _____

Name of Property/Land Owner (s): _____

Physical/Legal Location of the damaged property: _____

Mailing Address: _____

Telephone Number: Home: _____ Cell: _____ Work: _____

Email: _____

1. Is the property to be repaired in Columbus County? YES___ NO___
2. Does the home have at least \$5,000 of damage from either Hurricane Matthew, Tropical Storms Julia/or Hermine? YES___ NO___
3. Was the homeowner approved for a Small Business Administration loan to repair damages to their home due to Hurricane Matthew, Tropical Storms Julia and/or Hermine? YES___ NO___
4. Are the property taxes in a current status on the damaged property with the Columbus County Tax Office? YES___ NO___
5. Does homeowner agree to work with Columbus County to properly document any FEMA assistance received for home repairs due to Hurricane Matthew, Tropical Storms Julia and/or Hermine? YES___ NO___
 - a. If yes, provide FEMA Registration # _____
 - b. Which disaster(s)? _____
 - c. If you received FEMA funds, how much did you receive? \$ _____
6. Did you have flood insurance on the structure at the time of loss? YES___ NO___
 - a. Was your home determined to be substantially damaged by local officials? YES___ NO___
 - b. How many claims have you filed for flood insurance in the past 10 years? _____
 - c. If you received insurance claim money, how much did you receive? \$ _____
 - d. Have you made a claim with your flood insurance agent for Increased Cost of Compliance Coverage? YES___ NO___
 - e. Flood Insurance Agent/Company: _____
 - f. Policy Number: _____
7. Is the property currently occupied? YES___ NO___
8. Total household GROSS income per month for anyone 18 yrs old & up that lived in the home prior to the disaster \$ _____

Applicant No.: _____
 Date Returned to Administration: _____

Name	Age	Sex M/F	Date of Birth	SS# Last 4 Numbers	Gross Monthly Income	Marital Status M/S/W	American Citizen (Yes/No)	Relation to Homeowner
0. John Doe Smith	62	M	12/1/1954	0000	\$650.00	W	Yes	Owner
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

9. Was the property occupied by the above individual(s) prior to the disaster? YES ___ NO ___

Structure Information:

1. Building Type:

- 1 Story w/o basement 1 story with basement Split-level w/o basement
 Split-level with basement 2 story w/o basement 2 story with basement
 Mobile Home Other _____

2. Building Use (At the time of loss):

- Owner Occupied Rental Property Secondary Residence
 Business Property Other _____

3. Construction Type:

- Wood Frame Concrete Block Brick Other _____

4. Foundation Type:

- Slab on Grade Crawl Space w/Ductwork Crawl Space w/o Ductwork
 Piers/Pilings Basement Others _____

5. Total Square Footage of Structure: _____ Year of Construction: _____

6. Estimated value of the structure: \$ _____

7. How is wastewater from your home treated?(i.e. Septic system or central sewer system):

8. How is the home heated (i.e. electric, natural gas, oil or solar)? _____

9. Is there any underground storage tanks located on the property? YES ___ NO ___

a. If yes, please explain the size and usage: _____

Applicant No.: _____
Date Returned to Administration: _____

10. Is there more than one parcel on the Deed for this structure? YES _____ NO _____

11. Are there any additional structures or outbuildings on the property? Be sure to list any mobile homes, outbuildings, storage sheds, detached garages, carports, etc. Please list all structures, even if they are not on the tax card. Please provide pictures if possible. YES _____ NO _____

- a. If yes, what is the value? \$ _____
- b. Total Square Footage of structures, if known: _____
- c. Please provide a description: _____
- d. Are they: Attached _____ or Detached _____ Note: Include pictures and proof of purchase if available

Checklist for backup documentation to determine eligibility:

- Two months most recent check stubs, 2016 W2's, or 2016 Tax Return for anyone 18 yrs old & up that live in the home prior to the submission of the family's application; or
(Bank Statements are not acceptable)
- Social Security or SSI Applicants will need a benefit statement from the Social Security Office at 1-877-779-7257.
(Bank Statements are not acceptable)
- A copy of your Deed or Deed of Trust; or
(If you do not have one on hand you can get a copy at the Register of Deeds Office for a charge)
- A copy of your Mobile Home Title.
(A copy can be obtained through DMV)
- Make sure property taxes are in a current status.
(If you are unsure about your tax status, please contact the Columbus County Tax Office at 910-640-6635)

By signing below, I/we am confirming that the information I have supplied on this application is true and accurate to the best of acknowledge. Also, I/we hereby confirm that I/we have received an Assistance Policy for the 2017 Essential Single Family Rehabilitation Loan Pool – DR Program. I/we also understand that if I/we receive assistance in this program, there will be a Promissory Note covering hard cost and soft cost for the rehabilitation in the amount not to exceed \$40,000. I/we also understand I/we will sign a "Legal Advice Disclosure" which documents I/we understand that I/we have the right to hire legal representation of my choosing at the loan closing.

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of data collections

Printed Name: _____ Date: _____

Signature: _____

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Return completed form to:

Natalie Carroll
Administrative Building
111 Washington Street
Whiteville, N.C. 28472

Second Round

Application Made Available On: August 22, 2017
Deadline: Until funds are exhausted